HIV/AIDS: Situation and National Response

Presented by:
Dr. Hasan Mahmud
NASP

National AIDS/STD Program
DGHS, MOHFW

1 December - World AIDS Day 2010
World AIDS Day 2010 Theme:

UNIVERSAL ACCESS AND HUMAN RIGHTS

TAKE ACTION:

to tackle HIV prejudice and
to protect yourself and others from HIV transmission.

1 December - World AIDS Day 2010
Bangladesh Situation

- Since the first detection of HIV in Bangladesh in 1989, the rate of infection has not been increased in comparison to our neighbors.

- Bangladesh still to be low prevalent country in the region with prevalence < 1% among MARP.
HIV/AIDS Sero Surveillance

HIV Prevalence Over the Rounds 2000-2007

Round I, 3886
Round II, 4634
Round III, 7063
Round IV, 7877
Round V, 10445
Round VI, 11029
Round VII, 10368
Round VIII, 12786

MARP
Risk Factors for Bangladesh

- High rate of needle sharing among IDUs
- External and Internal migration
- High HIV prevalence in neighboring countries with porous border
- Poverty, Illiteracy and Ignorance
- Limited correct knowledge of HIV/AIDS among youths
- Low condom use among MARP and bridging population
- Low level of voluntary blood donation and High prevalence of STDs
Bangladesh Situation

HIV/AIDS Identified Cases - 2010

New HIV infected 343
New AIDS cases 231
Death 37

contd..
Bangladesh Situation

Cumulative cases as of 2010

Total reported cases 2088
Total AIDS Cases 850
Total death 241

Estimated number of HIV infected is 7,500
HIV prevalence among male IDUs of Dhaka over the rounds

Round II: 1.4
Round III: 1.7
Round IV: 4
Round V: 4
Round VI: 4.9
Round VII: 7
Round VIII: 7

Dhaka (Male)
National Response to HIV/AIDS

• National AIDS Committee (NAC) was formed in 1985 and reconstituted in 2010.

• MOHFW is the lead Ministry to work on the prevention of HIV/AIDS

• National AIDS/STD Program (NASP) is implementing HIV/AIDS prevention activities in Bangladesh through a coalition of 3 functionaries:
  - National AIDS Committee (NAC)
  - MOHFW
  - Directorate General of Health Services (DGHS)
**HIV programs in Bangladesh**

Programs supported by World Bank (IDA pool fund) under HNPSP

<table>
<thead>
<tr>
<th>Program</th>
<th>Status/Period</th>
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<tbody>
<tr>
<td>HAPP</td>
<td>Completed (2004-2007)</td>
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<tr>
<td>HATI</td>
<td>Completed (2008-2009)</td>
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<td>HAIS</td>
<td>Ongoing (2009-2011)</td>
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Programs financed by GFATM

<table>
<thead>
<tr>
<th>Round</th>
<th>Period</th>
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<tr>
<td>Round 2</td>
<td>March 2004-November 2009</td>
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<tr>
<td>Round 6</td>
<td>Phase-I: May 2007 to April 2009; Phase 2: May, 2009 and merged with RCC from December 2009</td>
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Other programs:

- USAID-FHI (Modhumita), ADB-UPHC, GTZ-City Corporations, UN agencies

contd..
HIV/AIDS Intervention Services

Intervention packages:

- Brothel based sex workers
- Street based sex workers
- Hotel and residence based sex workers
- Clients of sex workers
- MSM, MSW and Hijra
- IDUs

Other activities:

- Advocacy including Policy Level
- Research
HIV/AIDS Intervention Services:
Key Areas

• Prevention of sexual transmission of HIV
• Prevention of transmission by IDUs
• Prevention of transmission through blood & blood products
• Prevention of Mother to Child transmission
• Enabling social environment
• Diagnostics, Surveillance and Research
• Mobilization of National and International efforts
GFATM supported programs

**Round 2** (USD 19.7 million) *Scaled up in RCC*
For prevention of HIV among youth and adolescents.

**Round 6** (USD 40 million) *Phase II merged with RCC*
To limit the spread and impact of HIV in the country by providing prevention services among the MARPs and improving the capacity to deliver high quality intervention.

*The Government of Bangladesh was the principal recipient of the both grants and Save the Children USA was the Management Agency.*
Rolling Continuing Channel (RCC)

• To increase the scale of prevention services for key populations at higher risk (IDUs, female sex workers hijras and MSM)

• To increase the scale of the most effective activities conducted with the expiring Round 2 grant

• To build capacity of partners in order to increase the scale of the national response

Three PRs (NASP, Save the Children USA and ICDDR,B) are working to facilitate comprehensive approach to the prevention, treatment, care and support continuum to limit the spread and impact of HIV in the country.
Other programs on HIV/AIDS

• UN agencies, GTZ and USAID also implement various HIV/AIDS prevention programs in the country to support the national response in the field of prevention, care and treatment services for MARP.
On-going activities of NASP

- The development of third National Strategic Plan (NSP) 2011-2015 has already been initiated focusing Bangladesh’s commitment to UNGASS Declaration with special reference to MDG-6.

- Initiatives have been taken to conduct IX HIV/AIDS Serological Surveillance from December 2010.

- National M&E Plan is being revised for 2011 to 2015 in line with draft NSP 2011-2015

- MIS on HIV/AIDS is being developed to facilitate coordinated national response, planning and global reporting.
Safe Blood Transfusion Program (SBTP)

Safe Blood Transfusion Program started in December 1999. From January 2008 the program is under HNPSP.

Objectives:
- Establishment of mandatory blood screening facilities in blood transfusion centers for prevention of transfusion-transmissible infections such as HIV/AIDS, Hepatitis B, hepatitis C, Syphilis and Malaria.
- Promote the recruitment of Voluntary Non-remunerated Blood Donation and elimination of the high-risk blood donors.

The government of Bangladesh has passed the Safe Blood Transfusion Act in 2002 (implemented in 2004) and Safe Blood Transfusion Rules in 2008.
Safe Blood Transfusion Program (SBTP)

- 146 safe blood screening centers across the country. Another 56 centers will be in operation soon

- Voluntary blood donation has increased from 10% to 31% and paid donation decreased from 70% to 9%.
Impact/Outcome of interventions

HIV prevalence is still <1%

Declining trends of active syphilis in Male IDUs in Central Bangladesh

National HIV Sero-surveillance contd..
Knowledge has increased in HIV Prevention (2004-2008)

- Limit sex within marriage: Baseline 9.6%, Endline 19.5% (*p<0.05)
- Use condom during sex: Baseline 48.6%, Endline 82.2% (*p<0.05)
- Avoid unscreened blood: Baseline 46.3%, Endline 89.8% (*p<0.05)
- Use sterile syringe/needle: Baseline 44.8%, Endline 84.1% (*p<0.05)
- Avoid multiple partners: Baseline 18.3%, Endline 15.1% (*p<0.05)


Impact/Outcome of interventions contd..
Condom use has increased among most at risk populations

Source: National HIV Sero-surveillance, 2007

Impact/Outcome of interventions contd..
Under Global Fund

- 400 PLHIV is on ART

- Intervention service coverage for MARPs is been doubled.
National Text Book included HIV/AIDS (Grade VI-XII) in 2007

A total of **72,325 teachers** and **159,115 committee and governing body members** have been trained and oriented from **14,465 institutions**

It is expected that, nationwide **over 11 million students** will be receiving information on HIV and AIDS through classroom education on sustained manner.
NASP Achievements

National guidelines, manuals and policies/strategies developed by NASP

- National Strategic Plan (NSP) 2004-2010. *(The development of third NSP 2011-2015 has already been initiated focusing Bangladesh’s commitment to UNGASS Declaration with special reference to MDG-6.)*
  - The Safe Blood Transfusion Act (passed in 2002)
  - National Anti Retroviral Therapy Guidelines, 2006
  - The National Harm Reduction Strategy for Drug Use and HIV, 2004-2010
  - Guidelines for VCT
  - National HIV Advocacy and Communication Strategy 2005-10
  - National STI Management Guidelines, 2006
  - National Standards for Youth Friendly Health Services (YFHS) 2007
  - Standard Operating Procedures for Services to People Living with HIV and AIDS, 2009
Opportunities and Challenges –
Maintaining HIV low prevalence in Bangladesh

• Development of permanent infrastructural setup of the National HIV/AIDS Program with adequate manpower, resource and logistics.

• Ensuring uninterrupted funding for smooth implementation and to scale up the current achievements in prevention of HIV/AIDS. Interruption in the prevention activities will increase the infection rate very sharply especially among IDUs.

• Sustaining the treatment, care and support interventions, especially ART and opportunistic infection management...
• Continuing and scaling up effective HIV prevention programs
• Expansion of Targeted Interventions as per local context based on evidence generated
• Strengthening Coordination, M&E and reporting
• Enhancing capacity at all levels
• Mobilization of resources and harmonized national response
NASP is fully committed to successfully implement the HIV/AIDS related interventions to achieve the MDG-6 (halt by 2015 and begin the reverse of HIV epidemic) with the guidance of DGHS, MOHFW and NAC.
TAKE ACTION:

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to protect yourself and others from HIV transmission.

Let us make HIV free prosperous Bangladesh

Thank you!